Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL045115 10/10/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) (C 000): Initial Comments {C 000} Report of Biennial Follow Up Construction Survey by Dennis Harrell on 10-10-2018. Some deficiencies were not corrected. Further action is required. {C 135} Bathrooms-Not to Be Utilized for Storage (C 135) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall. not be utilized for storage or purposes other than those indicated in Item (4) of this Rule: Storage will not take place in community bath.
Mattresses & items removed from community both 10/30/1 This Rule is not met as evidenced by: Based on observation, the community bathroom with the accessible tub was being used for storage. Finding on10-10-2018; There were several mattresses and other items stored in the bathroom with the tub. {C 166} Housekeeping-Maintained Free of Hazards {C 166} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND **FURNISHINGS** (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing facilities.

Division of Health Service Regulation

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL045115 10/10/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION JD (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) {C 166} Continued From page 1 {C 166} This Rule is not met as evidenced by: Based on observation, the building was not All 02 Vendors called maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on 10-10-2018: a. Several (8) portable medical oxygen cylinders were stored in an unapproved plastic crate. Several (6) portable medical oxygen cylinders were stored on a shelf in no container at all. 3. Based on observation, an exterior exit path was not maintained uncluttered and free of obstructions. Findings on 10-10-2018: The exit ramp at the rear of the facility near room. 21 was obstructed with a chair. (C 189) (C 189) Building Equipment Maintained Safe, Operating wite door SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical. mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, corridor doors are prevented from closing quickly and latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL045115 10/10/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 358 CLEAR CREEK ROAD CHERRY SPRINGS VILLAGE HENDERSONVILLE, NC 28792 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ΙD (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) {C 189} | Continued From page 2 {C 189} present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings on 10-10-2018: The one hour fire rated door to the large laundry was held open with a chain. Note: This same door was found held open with a screen door hook during the survey of 10-26-2016 and was found wedged open on 5-28-2014. b. The latchbolt was found to be disabled with paint on the same one hour fire rated door to the large laundry. Note: This deficiency was corrected during the survey. Based on observation, the facility was not maintained in a safe condition because of combustible storage in an unapproved space. Findings on 10-10-2018: Many combustibles, including several mattresses, cardboard boxes, plywood etc. were stored in the crawlspace basement. This space is not separated with a one-hour ceiling or walls and cannot be used for storage of combustibles.